

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	RH		5/14
O.I.P.E. CLASSIFIER		15	53001
FORMALITY REVIEW	TH	953	06-27-01
RESPONSE FORMALITY REVIEW	lu	97	10-11-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	3/02
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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53  
 10/12/01  
 C.C.  
 06-27-01